



WHISTLEBLOWER REPORTING FORM

Auditor's Office Only Date Received	Auditor's Office Only WB Case No.
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State Employee Filing Whistleblower Report

Name	Agency	Date
Address	Division	Day Phone
	Subagency	Night Phone
	Location	Best Time to Call

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Subject(s) of Whistleblower Assertion

Name	Name	
Position	Position	
Agency	Agency	
Division	Division	
Subagency	Subagency	
Location	Location	

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Whistleblower Subject's Supervisor

Name	Name	
Position	Position	
Location	Location	

Please Complete One Form For Each Assertion.

Information Concerning The Assertion

Who is the subject of the assertion?

Which type(s) of improper governmental action does the assertion involve?

- ☐ Violation of state law or regulation.
- ☐ Abuse of authority.
- ☐ Substantial and specific danger to the public health or safety.
- ☐ Gross waste of public funds.

What is the assertion of improper governmental activity? Please describe in detail. If you need more space, please attach a separate piece of paper.

When did the event(s) take place? Please include date, time, and frequency.

Where did the event(s) occur?

Are there other witnesses? If so, what are their names, positions, agencies, and divisions?

Is there evidence that can be examined or documentation which can be reviewed?

How do you know about the improper action? Did you see it occur?, Did you see documentation indicating it occurred?, Did you hear about it from someone?

What specific law or state regulation has been violated, if you know?

If you need assistance, please call Dell Cowart at (360) 753-2445 or Martha Payne at (360) 586-8501.